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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

09/903,515

Filing Date

August 15, 2001

First Named Inventor

Roth

Art Unit

1774

Examiner Name

Dixon, Merrick

Attorney Docket Number

2001-07

**ENCLOSURES (Check all that apply)**

- |                                                                              |                                                                                                                         |                                                                                         |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)                                                                                     | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached                                        | <input type="checkbox"/> Licensing-related Papers                                                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Petition                                                                                       | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                         | <input type="checkbox"/> Petition to Convert to a Provisional Application                                               | <input type="checkbox"/> Proprietary Information                                        |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation                                                                  | <input type="checkbox"/> Status Letter                                                  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Change of Correspondence Address                                                               | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):         |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                                                                            |                                                                                         |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund                                                                             |                                                                                         |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                                                                      |                                                                                         |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | <div style="border: 1px solid black; padding: 5px;"> <b>RECEIVED</b><br/> <b>OCT 19 2004</b><br/> <b>TC 1700</b> </div> |                                                                                         |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |                                                                                                                         |                                                                                         |

Remarks

Return receipt postcard

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm or Individual name  
Dougherty, Clements & Hofer  
Gregory N. Clements

Signature

Date

January 9, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Nancy L. Burns

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Date

January 9, 2004

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